



# IMA House of Delegates Resolution Amendment Form Friday - Sunday, August 3 - 5, 2018

If you would like to make an amendment to any resolution being presented at this year's IMA House of Delegates (HOD) meeting, you must complete this form and return it to Susie at [susie@idmed.org](mailto:susie@idmed.org), Molly at [molly@idmed.org](mailto:molly@idmed.org) or any other staff member. Returning the form via email before the Sunday HOD AM session is preferred and will be given priority to those received during the second session. Only registered delegates can make an amendment to a resolution. You may submit an amendment to more than one resolution. Please use one form per resolution.

Physician Delegate Name: \_\_\_\_\_

Resolution Number \_\_\_\_\_

Page Number (s) \_\_\_\_\_ Line Number (s) \_\_\_\_\_

Proposed Amendment Change(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Official Use Only by IMA Staff*

Date Received \_\_\_\_\_ Time Received: \_\_\_\_\_ Adopted: \_\_\_\_\_ Not Adopted: \_\_\_\_\_